



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R4/11-05)  
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

None

TOTAL PAGES IN ENTIRE CFA-11  
REPORT

1

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name		2. Committee Telephone Number	
James Timothy Ake		( 317 ) 808 -6022	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address			
15050 Declaration Dr.			
4. City	State	ZIP Code	5. Party Affiliation or If Independent Candidate
Westfield	IN	46074	Republican
6. Office Sought (Include district number, if any. Not required for exploratory committee.)			7. County of Residence
Westfield City Councilor - At large			Hamilton
8. Reporting Period:			
From: 1/19/11 Through: 4/8/11			
For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
				RECEIVED BY
Classification INDV	1. John C. and Pamela A. Freeland 318 Montelluna Dr North Venice, FL 34275  Contributor's Occupation (if applicable) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	\$1,000.00	3/3/11  Jim Ake
Classification	2.  Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		
Classification	3.  Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		

OF MY KNOWLEDGE AND BELIEF IT IS TRUE

Date (MM-DD-YY)

3/3/11

Date (MM-DD-YY)

3/4/11

(for any commercial purpose (IC 3-9-4-5) A  
person who fails to file a complete or accurate  
report (IC 3-14-1-14), and may be subject to civil

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